

# Appendix A

PTO/SB/02 (P-03)  
Approved for use through 01/31/2004. CNB 01/01/00/03  
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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional) <b>338.072</b>
I hereby declare that:		
The residence, mailing address and citizenship of the inventors are stated below.		
I am authorized to act on behalf of the following assignee: <u>Lycro Manufacturing, Inc.</u>		
and the title of my position with said assignee is: <u>Chief Operating Officer</u>		
The entire title to the patent identified below is vested in said assignee.		
Inventor	<u>David R. Zittel</u>	Citizenship <u>United States</u>
Residence/Mailing Address <u>155 Oak Grove Drive, Columbus, WI 53925</u>		
Inventor	<u>Steven W. Hughes</u>	Citizenship <u>United States</u>
Residence/Mailing Address <u>N8449 Coventry Lane, Beaver Dam, WI 53916</u>		
<input checked="" type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.		
Patent Number	<u>6,234,066</u>	Date of Patent issued <u>May 22, 2001</u>
Title of Invention <u>Rotary Blancher for Processing Food Product</u>		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: <u>Rotary Blancher for Processing Food Product</u>		
the specification of which		
<input checked="" type="checkbox"/> is attached hereto.		
<input type="checkbox"/> was filed on _____ as reissue application number _____ / _____		
and was amended on _____ (if applicable)		
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.		
<input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 305(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.		
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)		
<input type="checkbox"/> by reason of a defective specification or drawing.		
<input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.		
<input type="checkbox"/> by reason of other errors		

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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 20 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Additional Inventors

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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		<b>Docket Number (Optional)</b> 338.072	
<p>At least one error upon which reissue is based is described as follows:          It is believed that the scope of the broadest independent claim is too broad in view of the prior art, it is believed that certain further features could have and should have been claimed in both independent and dependent form to better clarify the scope of the invention and further distinguish the invention from the prior art.          These errors were discovered during a review of the patent in light of potential litigation.          [Attach additional sheets, if needed.]</p>			
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.          I hereby appoint:</p>			
<input checked="" type="checkbox"/> Practitioners at Customer Number:		23598	
OR			
<input type="checkbox"/> Practitioner(s) named below:			
Name		Registration Number	
<p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith</p>			
<p>Correspondence Address: Direct all communications about the application to:</p>			
<input checked="" type="checkbox"/> Customer Number		23598	
OR			
<input type="checkbox"/> Firm or Individual Name			
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City	State	Zip	
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
Full name of person signing (given name, family name)		Steven W. Hughes	
Signature <i>Steven W. Hughes</i>		Date Feb. 20, 2004	
Address of Assignee Lyco-Mfg. Inc., 115 Commercial Drive, Columbus, WI 53925			

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